

9/9/12

# FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 23, 2002 8:00 am**  
**Secretary of State**

09-09-2002 90014 002 \*\*\*150.00

DOCUMENT # **P01000044757**

1. Entity Name

**BP COATINGS INC****DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

**7970 N.W. 66 ST**

Suite, Apt. #, etc.

3. Mailing Address

**7970 NW 66 ST**

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City &amp; State

**MIAMI FL**

City &amp; State

**MIAMI FL**

4. FEI Number

**65-1107019**

Applied For

Not Applicable

Zip

**33106**

Country

Zip

**33166**

Country

5. Certificate of Status Desired ☐**\$8.75 Additional  
Fee Required**

7. Name and Address of Current Registered Agent

Name

**RAMON L. BOVER**

Street Address (P.O. Box Number is Not Acceptable)

**15875 S.W. 83 ST**

City

**MIAMI**

FL

Zip Code

**33193**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**9/17/02**

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so. ☐

(See criteria on back)

~~January 1 - May 15 Fee is \$150.00~~  
~~After May 15 Fee is \$550.00~~  
~~Amended UBR is \$61.25~~  
~~Make Check Payable to Department of State~~

10. Election Campaign Financing  
Trust Fund Contribution. ☐**\$5.00 May Be  
Added to Fees**

11. OFFICERS AND DIRECTORS

|                                                    |                                                                               |                                                    |  |
|----------------------------------------------------|-------------------------------------------------------------------------------|----------------------------------------------------|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <b>PRESIDENT<br/>PERSIS I. PEREZ.<br/>15855 SW 55 TRR<br/>MIAMI, FL 33185</b> | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <b>VICE - PRES.<br/>RAMON L. BOVER<br/>15875 SW 83 ST<br/>MIAMI, FL 33193</b> | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |                                                                               | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |                                                                               | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |                                                                               | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |                                                                               | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |                                                                               | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |                                                                               | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |  |

**DO NOT WRITE  
IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.

SIGNATURE:

**PERSIS I. PEREZ. PRES.**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

**9/3/2002 (305) 481-4830**

Daytime Phone #